

**CONSOLIDATED LIST: STANDARD FORM FOR MEMBER STATE SUBMISSIONS TO THE  
COMMITTEE FOR LISTING OF INDIVIDUALS  
(Basic version)**

For additional information on listing and explanatory notes on completing this form see:  
www.un.org/sc/committees/1267/listing.shtml

**I.A - IDENTIFYING INFORMATION THAT WILL APPEAR ON THE CONSOLIDATED LIST**

Member States are requested to provide the Committee with as much relevant information as possible, in particular sufficient identifying information to allow for the accurate and positive identification of the individual concerned.

<b>Full name</b> (in Latin alphabet, as to appear on the List)													
<b>Name components</b> (Provide 1 – 8 components. On the columns to the left, please describe each part of the name as first, middle or family name, et cetera.)		<b>Describe name component</b>										Other, please describe in writing	
							Name of:						
		First name	Middle name	Last name	Family name	Geographical ref.	Religious title	Father	Grandfather	Great-grandfather	Mother	Tribe	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spelling variations or other transliterations if used in official documents</b>													
<b>Original script</b> (as to appear on the List)	<b>Indicate script:</b> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/>												
	Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:												
<b>Other script(s)</b> (if used officially)	<b>Indicate script:</b> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/>												
	Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:												
<b>Date of birth</b>	(DD/MM/YYYY) Additional information	Day:	Month:	Year:									
<b>Place of birth</b> (city/area/country)													
<b>Alternative dates or places of birth</b> (please explain)													
<b>Male / Female</b>													
<b>Nationality or citizenship(s)</b>	Current												
	Previous (add dates)												
<b>State(s) of residence</b>	Current												
	Previous (add dates)												

<b>Passport(s), other travel documents and national identification documents</b>	Document type (see explanatory notes)	Passport <input type="checkbox"/> Driver license <input type="checkbox"/> National identity card <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social security card <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Document number	
	Name issued to (in original script)	Name: Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Issued by (authority, city, country)	
	Issue date	Day:      Month:      Year:
	Expiry date	Day:      Month:      Year:
Additional information		

To add more documents, make a copy of and fill in annex A. Please provide a copy of the document if possible.

<b>Aliases/ Also-Known-As</b>	If the individual has aliases/also-known-as names, both current and formerly used, please fill in annex B. Provide this information only if the data is sufficient to allow for the accurate and positive identification of the individual concerned; otherwise include this information in section I.B of this form, in fields designated for nicknames and other pseudonyms <u>not</u> sufficient for accurate and positive identification. For definitions please see explanatory notes.
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**I.B - ADDITIONAL IDENTIFYING INFORMATION THAT MAY ALSO APPEAR ON THE CONSOLIDATED LIST**

Member States are requested to provide the following information in order to facilitate the identification of the individual concerned.

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification.)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> which:
	<b>Details</b> (in Latin script)	
	<b>Additional information about this pseudonym</b>	

To add more pseudonyms fill in an additional sheet (annex C)

<b>Title(s)</b>		
<b>Employment / Occupation</b> (please provide dates and nature of employment, in particular regarding positions held in listed entities)		
<b>Marital status</b>		
<b>Address</b>	Primary address	
	Other addresses (current/previous)	
<b>Location</b> (if different from address)	<b>Current</b>	
	<b>Alternative</b>	
<b>Status</b>	<b>Wanted / Subject to arrest warrant</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	<b>Detained</b> (please provide date of likely release)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	<b>Convicted / Sentenced</b> (please provide details of sentence)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	<b>Others</b> (please see explanatory notes)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
<b>Relevant INTERPOL Notices</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
<b>Other supplementary information</b>		

<b>Names of parents</b>	Father's name	
	Mother's name	

<b>Residency permits or visas of individual, or similar official documents</b>	Document type	Residency permit <input type="checkbox"/> Work permit <input type="checkbox"/> Visa <input type="checkbox"/> Alien registration card <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Document number	
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
	Additional info	
<b>Other identity documents</b>	Document type	
	Document number	
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
	Additional info	
<b>Official identity number</b>	Type	Social security number <input type="checkbox"/> Alien registration number <input type="checkbox"/> Customer ID number <input type="checkbox"/> National ID number <input type="checkbox"/> Employee number <input type="checkbox"/> Tax ID <input type="checkbox"/> Other <input type="checkbox"/> which:
	Number	
	Issued by (authority, city, country)	
	Other details	
<b>Other numbers</b> (indicate type, number and issuer as above)		

To add more documents, make a copy of and fill in annex A. Please provide a copy of the document if possible.

<b>I.C – PHYSICAL DESCRIPTION</b> (these details may be used for an INTERPOL-UNSC Special Notice)			
<b>Height</b> (cm)		<b>Eye color</b>	
<b>Weight</b> (kg)		<b>Hair color</b>	
<b>Build</b>		<b>Complexion</b>	
<b>Tribal / ethnic background</b>			
<b>Photograph, sketch, computer image attached?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):	
<b>Other biometric identifiers attached?</b> For example fingerprints, DNA code, iris scan or digital facial image		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):	
<b>Distinguishing marks and other physical characteristics</b>			
<b>Languages spoken</b>			
<b>Additional physical characteristics</b>			

<b>I.D – OTHER IDENTIFYING INFORMATION NOT SPECIFIED ABOVE</b>

<b>II. BASIS FOR LISTING</b>
Member States are requested to indicate in one or more of the fields below the nature of the association between the individual inscribed in section I.A of this form and Al-Qaida, Usama bin Laden and/or the Taliban as set out in paragraphs 2 and 3 of resolution 1617 (2005) and subsequent resolutions. Full explanations and details of the nature of this association should be given in Part III of this form (Statement of Case). Please include the permanent reference number(s) of those names which the individual is associated with that already appear on the Consolidated List. In the event of the designation of this individual by the Committee, the information provided will be used for the development of the narrative summary of reasons for listing to be published on the Committee’s website in accordance with paragraph 14 of Security Council resolution 1904 (2009).
<input type="checkbox"/> (a) participating in the financing <sup>1</sup> , planning, facilitating, preparing, or perpetrating of acts or activities by, in conjunction with, under the name of, on behalf of, or in support of Al-Qaida (AQ), Usama bin Laden (UBL), or the Taliban, or any cell, affiliate, splinter group or derivative thereof. <sup>2</sup> • Name(s) and permanent reference number(s) on Consolidated List (if applicable):
<input type="checkbox"/> (b) supplying, selling or transferring arms and related materiel to AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof. <sup>2</sup> • Name(s) and permanent reference number(s) on Consolidated List (if applicable):
<input type="checkbox"/> (c) recruiting for AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof. <sup>2</sup> • Name(s) and permanent reference number(s) on Consolidated List (if applicable):
<input type="checkbox"/> (d) otherwise supporting acts or activities of AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof. <sup>2</sup> • Name and permanent reference number(s) on Consolidated List (if applicable):
<input type="checkbox"/> (e) other acts and activity indicating association with AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof. <sup>2</sup> • Name and permanent reference number(s) on Consolidated List (if applicable): • Briefly state the nature of the association:
<input type="checkbox"/> (f) entity owned or controlled, directly or indirectly, by, or otherwise supporting, an individual or entity on the Consolidated List. <sup>2</sup> • Name(s) and permanent reference number(s) on Consolidated List (if applicable):

<sup>1</sup> The Security Council has noted that such means of financing or support include but are not limited to the use of proceeds derived from illicit cultivation, production and trafficking of narcotic drugs originating particularly in Afghanistan, and their precursors (resolution 1904 (2009), para. 9).

<sup>2</sup> Resolution 1617 (2005), para. 2.

### III. STATEMENT OF CASE

The Statement of Case should provide as much detail as possible on the basis(es) for listing, including: (i) specific information supporting a determination that the individual meets the criteria above; (ii) the nature of the information, for example, intelligence, law enforcement, judicial, media, and admissions by subject; and (iii) additional information or documents provided with the submission. States should include details of any connection between the individual proposed for listing and any currently listed individual or entity.<sup>3</sup>

In accordance with paragraph 11 of resolution 1904 (2009), the whole statement of case shall be releasable, upon request, except for the parts a Member State identifies as being confidential to the Committee, and may be used to develop the narrative summary of reasons for listing described in paragraph 14 of resolution 1904 (2009).

#### III.A STATEMENT OF CASE (RELEASABLE UPON REQUEST)

#### III.B PARTS OF STATEMENT OF CASE IDENTIFIED AS BEING CONFIDENTIAL TO THE COMMITTEE

### IV. IDENTITY OF DESIGNATING STATE

In accordance with paragraph 12 of resolution 1904 (2009) Member States proposing a new designation are encouraged to specify whether the Committee may make known, upon request from a Member State, the Member State's status as a designating State.

Yes  No

### V. INTERPOL COOPERATION

The Security Council stressed in its resolution 1699 (2006) that its sanctions measures are often implemented under national law, including criminal law where applicable, and that enhanced cooperation between the United Nations and INTERPOL would enhance States' enforcement of those laws. In the same resolution, the Security Council encouraged Member States to use the tools offered by INTERPOL to reinforce the implementation of mandatory measures adopted by the Security Council, particularly the freezing of assets, travel bans, and arms embargoes. In this connection, the Committee regularly requests INTERPOL to issue INTERPOL-United Nations Security Council Special Notices to alert national law enforcement authorities in INTERPOL member countries that designated individuals and entities are subject to Security Council sanctions.

INTERPOL may for implementation purposes wish to contact the relevant authorities in your country, with a view to obtaining additional information on the individual(s)/entity(ies) proposed for designation herewith. For this purpose, please indicate below if the Committee may inform INTERPOL, upon INTERPOL's request, that your country is a **designating State** of the above-mentioned individual(s) (INTERPOL would then contact your country's permanent mission to the United Nations in New York with the relevant inquiries).

Yes  No **Comments:**

In addition, please indicate below if the Committee may convey to INTERPOL, upon INTERPOL's request, the details of the point of contact below within your Government (INTERPOL may then contact directly the contact point below with the relevant inquiries).

Yes  No **Comments:**

### VI. POINT OF CONTACT

*The individual(s) below may serve as a point-of-contact for further questions on this submission:*  
(THIS INFORMATION SHALL REMAIN CONFIDENTIAL)

Name:

Position/Title:

Contact details:

Office:

Address:

Telephone number:

Fax number:

E-mail address:

<sup>3</sup> Resolution 1735 (2006), para. 5.

## ANNEX A – Additional identification documents

Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank.

<b>Passport(s), other travel documents and national identification documents</b>	Document type (see explanatory notes)	Passport <input type="checkbox"/> Driver license <input type="checkbox"/> National identity card <input type="checkbox"/> Social security card <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Document number	
	Name issued to (in original script)	Name: Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
Additional information		

<b>Passport(s), other travel documents and national identification documents</b>	Document type (see explanatory notes)	Passport <input type="checkbox"/> Driver license <input type="checkbox"/> National identity card <input type="checkbox"/> Social security card <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Document number	
	Name issued to (in original script)	Name: Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
Additional information		

<b>Residency permits or visas of individual, or other identity documents</b>	Document type	Residency permit <input type="checkbox"/> Work permit <input type="checkbox"/> Visa <input type="checkbox"/> Alien registration card <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Document number	
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
	Additional info	

<b>Other identity documents</b>	Document type	
	Document number	
	Issued by (authority, city, country)	
	Issue date	Day:          Month:          Year:
	Expiry date	Day:          Month:          Year:
	Additional info	

<b>Official identity number</b>	Type	Social security number <input type="checkbox"/> Alien registration number <input type="checkbox"/> Customer ID number <input type="checkbox"/> National ID number <input type="checkbox"/> Employee number <input type="checkbox"/> Tax ID <input type="checkbox"/> Other <input type="checkbox"/> which:
	Number	
	Issued by (authority, city, country)	
	Other details	

<b>Other numbers</b> (indicate type, number and issuer as above)	
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## ANNEX B – Aliases and Also-Known-As

Include only if data is sufficient to allow for the accurate and positive identification of the individual concerned, otherwise include as nickname, diminutive or other pseudonym in section I.B. of the standard form. Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank.

Full name (in Latin alphabet, as to appear on the List)															
Name components (Provide 1 – 8 components. On the columns to the left, please describe each part of the name as first, middle or family name, et cetera.)		Describe name component													
		First name	Middle name	Last name	Family name	Geographical ref.	Religious title	Name of:							
								Father	Grandfather	Great-grandfather	Mother	Tribe			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, please describe in writing
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Spelling variations or other transliterations if used in official documents</b>															
<b>Original script</b> (as to appear on the List)	<b>Indicate script:</b> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:														
<b>Other script(s)</b> (if used officially)	<b>Indicate script:</b> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:														
<b>Date of birth</b>	(DD/MM/YYYY) Additional information	<b>Day:</b>			<b>Month:</b>			<b>Year:</b>							
<b>Place of birth</b> (city/area/country)															
<b>Alternative dates or places of birth</b> (please explain)															
<b>Nationality or citizenship(s)</b>	Current														
	Previous (add dates)														
<b>State(s) of residence</b>	Current														
	Previous (add dates)														
<b>Any additional information</b> (background on alias)															

## ANNEX C – ADDITIONAL NICKNAMES, DIMINUTIVES OR PSEUDONYMS

Include **only** if data is **not** sufficient for accurate and positive identification of the individual concerned

Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank.

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	

<b>Nicknames, diminutives and other pseudonyms</b> (Not legal names, not sufficient for positive identification)	<b>Type</b>	Nom de guerre <input type="checkbox"/> Nickname <input type="checkbox"/> Adopted name <input type="checkbox"/> Other <input type="checkbox"/> Which:
	<b>Details (in Latin script)</b>	
	<b>Additional information about this pseudonym</b>	